

## CODSIGA QORISTA OGGALAANSHAH WAIVER ENROLLMENT REQUEST

MAGACA MACMILKA		LAMBARKA DDD	TAARIKH DHALASHO	TAARIKH GUDBIN
GOBOL	MAAMULE FAYL	<input type="checkbox"/> U-gudbin oggalaansho kale <input type="checkbox"/> Gudbin oggalaansho cusub		
<b>AWOODDA SHARCI</b>				
WAC 388-845-0045	"Marka ay jirto awood ah in dad lagu dari karo oggalaansho, sidee baa DDD u go'aamisaa qofka lagu dari doono?"			
WAC 388-845-0050	"Sidee baan ku codsan karaa in la igu daro ama la i qoro oggalaansho?"			
WAC 388-845-0070	"Maxaa go'aamiyaa haddii aan u baahan ahay heer daryeel oo ah ICF/MR?"			
<b>CODSIGA BEDDELIDDA SIIN OGGALAANSHO (WAIVER ASSIGNMENT) (U buuxi kaliya macaamiisha oggalaanshaha ee imminka)</b>				
SIINTA OGGALAANSHO EE IMMINKA	SIINTA LA CODSADAY			
<input type="checkbox"/> Basic <input type="checkbox"/> Basic Plus <input type="checkbox"/> Core <input type="checkbox"/> CP	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Plus <input type="checkbox"/> Core <input type="checkbox"/> CP			
<b>MUHIMADDA MARKA LA EEGO WAC 388-845-0045 (U buuxi dhamaan codsiyada)</b>				
Dooroo kaliya hal muhimad (1, 2, 3 ama Ma khuseyo)				
<input type="checkbox"/> 1. Qofku waxa uu imminka ku jira oggalaansho laakiin waxa uu u baahan yahay oggalaansho kale si loo haqabtiro baahidiisa. <input type="checkbox"/> 2. Dadweynaha Muhimadda Leh: (mid ka dooroo kuwan soo socda) <ul style="list-style-type: none"> <li><input type="checkbox"/> Qof ka tirsan dadka muhimadda la siinayo marka la eego aqoonsiga iyo maalgalinta baarlamanka.</li> <li><input type="checkbox"/> Qof halis dhakhsa ah u ah dhigis ICF/MR sababto oo ah baahi caafimaad iyo amaan oo aan la haqabtirin.</li> <li><input type="checkbox"/> Qof loo aqoonsaday inuu halis u yahay amaanka beesha.</li> <li><input type="checkbox"/> Qof imminka la siyyo adeegyo uu gobolku kaligii lacagtooda bixiyo.</li> <li><input type="checkbox"/> Dadka ku jira oggalaansho HCBS oo bixiya adeegyo siyaado ku ah waxa loo baahan yahay si loo haqabtiro baahidooda Caafimaad iyo Wacnaan ee la cayimay.</li> <li><input type="checkbox"/> Dadka hore ugu jiray oggalaansho HCBS (HCBS waiver) ilaa Bishii Afraad 2004 ee uu ka lumay u-banaanaantu marka la eego WAC 388-845-0060(9)</li> </ul> <input type="checkbox"/> 3. Qof u baahan adeegyado oggalaansho oo ah 'Basic' si uu u joogo guriga qoyska. <input type="checkbox"/> N/A Ma Khuseyo. Kama soo baxayo mid ka mid ah shuruudaha sare.				
<b>U-BANAANAANTA ICF/MR MARKA LA EEGO WAC 388-845-0050 (U buuxi dhamaan codsiyada)</b>				
<input type="checkbox"/> Wawa la go'aamiyay inuu ka soo baxayo heer baahi oo ah ICF/MR marka la eego 15-168 ama 15-170A. <input type="checkbox"/> Kama soo baxayo heer baahi oo ah ICF/MR. <b>JOOGSO! HA SII SOCON HADDI AANUU U BANAANAYN ICF/MR.</b>				
<b>SHEEG SHRUUUDAHU JIHEYNTA EE GAARKA AH EE LOOGU TALOGALAY OGGALAANSHAHKA TARJUMAYA BAAHIDA QOKFA (U buuxi dhamaan codsiyada)</b>				
Oggalaansho 'Basic'	<input type="checkbox"/> Wawa uu la nool yahay qoyska ama guriisa. <input type="checkbox"/> Wawa uu leeyahay hab taageero dabiici ah oo xoog leh. <input type="checkbox"/> Awoodda qoysku/daryeel-bixiyuhu uu ku sii wadi lahaa daryeelka qofka ayaa halis ku jirta, laakiin waa la sii wadi karaa haddii lagu biiro adeegyo. <input type="checkbox"/> Uma baahna adeegyo hoy oo ka baxsan guriga.			
Oggalaanshaha 'Basic Plus'	<input type="checkbox"/> Wawa uu la nool yahay qoyska ama waxa uu ku nool yahay goob kale oo leh gargar laakiin waxa uu halis <u>sare</u> u yahay meeleyn ka baxsan guriga ama lumid ku dhacda xaaladda nolosha ee imminka. <input type="checkbox"/> Wawa uu u baahan yahay inuu ku noolaado hoy qoys dad waaweyn ama goob daryeel daganaansho dad waaweyn. <input type="checkbox"/> Wawa uu u baahan yahay in ka badan \$6,500 sannadkii oo ah adeegyo barnaamijyo maalin ah.			
Oggalaansho 'Core'	<input type="checkbox"/> Wawa uu u baahan yahay adeego awood-siin daganaansho oo ka baxsan guriga waalidka. <u>ama</u> <input type="checkbox"/> Wawa uu ku nool yahay guriga waalidka/qoyska, laakiin waxa uu halis <u>dhow</u> u yahay meeleyn ka baxsan guriga haddii aan la helin adeegyo kale oo ah kuwa lagu bixin karo Oggalaanshaha 'Basic Plus.'			
Oggalaansho Badbaadin Beel (Community Protection)	<input type="checkbox"/> Wawa uu ku nool yahay ama uu u guuraya beesha; iyo <input type="checkbox"/> Wawa uu u baahan yahay shaqaale maalin oo ah 24-ka saacadood, oo goobta ah, si loo sugo amaanka dadka kale; iyo <input type="checkbox"/> Wawa uu u baahan yahay daweyn dhaqancelin ah iyo/ama adeegyo awood-siin; iyo <input type="checkbox"/> Wawa uu ka soo baxaya shuuradaha DDD ee "badbaadinta beesha."			

**XADKA WAKHTIGA JAWaabista Xafiiska Dhexe ee LAGU TALIYAY** (Xadka wakhtigu waxa uu ka tarjumaya baahida daran ee loo qabo adeegyada oggalaanshaha (waiver services))

**Degdeg (<24 saacadood).** Macmiilku waxa uu ku sugar yahay halis dhow mana jirto taageero uu heli karo.  
Gudaha 30 maalmood. Waxa gudaha 30 maalmood ka lumi doonaa taageerada lagama-maarmaanka ah ee imminka jirta.  
Ma aha degdeg.  
Wax kale (sharax) :

**XAALADDA NOLOSHA EE IMMINKA**

Hoy la'aan  
 Gurigiisa oo aan lahayn taageero lacag laga bixyo ama leh taageero aan lacag la siin  
 Gurigiisa oo leh taageero hoy oo aan ku filnayn  
 Ilmo la nool waalid/qoys/masuu  
Qof weyn oo la nool waalid gaboobay (65 ama ka weyn)  
Qof weyn oo la nool qof aan qaraabo ahayn

Qof weyn oo la nool waalid  
 Cisbitaal daweyn maskax  
 Goob caafimaad  
 Goob xabsi/asluub  
 Ilmo ka yar da'da 22 oo ku jira hoy korin/koox oo aan ahayn DDD  
 Wax kale:

**MAAMULE GOBOL**

Ku taliyay Aqbalaad  
 Ku taliyay Diidmo

Faalo :

MAAMULE GOBOL AMA KU-MAGACAABANE

TAARIKH

**AQBALAAD XAFIISKA DHEXE**

Waa la aqbalay  
 Waa la diiday

Faalo :

MAAMULE GOBOL AMA KU-MAGACAABANE

TAARIKH

**NEW WAIVER REFERRAL - FOR CENTRAL OFFICE USE ONLY (ISTICMAALKA XAFIISKA DHEXE KALIYA)**

**RECOMMENDED WAIVER ASSIGNMENT**

Basic     Basic Plus     Core     CP

## Instructions

1. Complete this form when requesting waiver assignment for an individual who is:
  - In a DDD waiver but needs the services of a different waiver;
  - Requesting to be on a waiver after March 31, 2004.
2. The referral date for requests after March 31, 2004 is the date of the request.
3. For persons who requested to be on the CAP waiver prior to April 1, 2004, use their original request date as the referral date.
4. Determine if the person meets one of the priority populations. If the person meets one of the listed priority consideration populations, determine if the person has ICF/MR level of need per the 15-168 or 15-170A form.
5. Proceed to complete the form only if the person meets both conditions.
6. Provide the essential information about the individual's living circumstances and emergent needs.
7. If the person is found ineligible to have their waiver enrollment request entered into the database, consult with your designated regional staff person to review the information and confirm the decision of ineligibility.
8. Once the Regional Administrator has reviewed the request, and either gives their approval or denial, he/she would sign the form and retain a copy, as evidence that their signature is on file.
9. Notification:
  - A. For persons whose waiver enrollment requests are documented in a statewide database:
    - (i) The person/family will be notified by a department approved letter;
    - (ii) The case manager will be notified by e-mail.
  - B. For persons determined ineligible to be placed on the database:
    - (i) The case manager is responsible to send the HCBS Waiver Enrollment Request Notice of Denial form (DHS 15-283).
    - (ii) The form includes appeal rights to this denial based on WAC 388-845-0050.
    - (iii) The client/family can appeal per the following rules:
      - WAC 388-845-0045 contains the criteria for "priority considerations".
      - WAC 388-845-0070; 0075; 0080; 0085; 0090; 0095 is the criteria for determining ICF/MR level of care.